

Wage Claim Dispute Results

Instructions: Please print the requested information below and return the complete form to the Chief Counsel of Litigation of the Office of the Attorney General. You may either submit your form electronically to coo@atg.in.gov or you may submit your form via US mail or fax to:

Chief Counsel of Litigation
Office of the Attorney General
Indiana Government Center South, 5th Floor
402 West Washington Street
Indianapolis, IN 46204-2770
Fax: 317-232-7979
Email: coo@atg.in.gov

Wage Claim # (from DOL): _____

Claimant's Name: _____

Claimant's Address: _____

Attorney's Business Address: _____

County: _____

Attorney's Business Telephone Number: _____

Attorney's E-mail: _____

Attorney's Fax: _____

Employer (Defendant): _____

Employer's Address: _____

Amount of Claim: _____

Recovery Amount: _____

Date of Recovery: _____

Disposition of Claim: _____

Attorney's Fees Awarded: _____

**Attorney's
Signature**

Date:

**Printed
Name:**